Children's Home Society of Florida

Children's Home Society of Florida
Briefing Papers
2020

Executive Summary

Children's Home Society of Florida has prepared the following compilation of Briefing Papers we feel are essential for public policy officials to address during the 2021 Legislative Session.

The COVID-19 pandemic has placed a spotlight on the critical services delivered by Children's Home Society of Florida (CHS). Despite a global health pandemic forcing much of the world into isolation, the frontline professionals at CHS continued to go to homes, schools and the streets to ensure vulnerable children and families received the vital services they needed. From protecting kids at risk of abuse or neglect, safely reunifying families and finalizing adoptions, to delivering much-needed mental health counseling and support, launching a free 24/7 counseling and family support line, and going to parks to reach homeless youth, the work at CHS never stopped. In fact, it only intensified as our front line demonstrated time and time again how essential their work is.

Child Welfare Reform

Child welfare in Florida has dramatically changed over the past 20 years with the implementation of privatization, which was designed to increase community involvement and collaboration. Florida's privatized system of care is relatively young and unique from any other state. It's critical that Florida's leadership continues its commitment to system reform so positive outcomes for children can be achieved.

However, there are many challenges and opportunities that public policy makers need to examine to continue Florida's progress in child welfare. Threats to continued success are present and, if not openly discussed and resolved, can harm the success achieved to date. Essential services to children and families in crisis must remain top priority, and we must ensure our front line workforce is well prepared and equipped to do their job.

Student Success

The expansion of the proven Community Partnership Schools™ model illustrates the successful results that can be achieved through forging a best practice of a public-private partnership. With the support of legislative leadership, this model addresses the achievement gap by bringing new opportunities to children and families that experience inequities and may not otherwise have access to essential services, such as medical or mental health care, among others.

Health care is an essential component to Community Partnership Schools; the need for greater access to health care services – particularly school-based health care services – is

Children's Home Society of Florida

well documented on the impact to a student's success in school. Public policies must address this issue to serve more students at school and to provide the funding systems to support all School-Based Health Centers.

The demand for our services remains high during the pandemic, and we expect the demand to continue to grow. The mental health crises afflicting children and families, compounded by the overwhelming stress triggered by COVID-19's effects, is placing a significant strain on children and families throughout the state. Our "at-risk" population is expanding. We must be prepared to meet these increased needs – especially for the most vulnerable among us.

Children's Home Society of Florida

Issues:

When Florida privatized its foster care system over 20 years ago, there was a clear focus to decentralize administration and create the opportunity for communities to engage and take ownership for protecting and serving children - and Community Based Care was created. Such a bold and dramatic shift in philosophy came with monumental impacts to children's outcomes:

- More children found forever families through adoption,
- Children spent less time in foster care,
- Children and families had better connections to local resources and greater access to services, and
- The number of family foster homes increased.

While the child welfare system has experienced great progress and success over the past two decades, there have also been great challenges as new barriers arose and existing ones lingered. Necessary reform is not to diminish past success but to build upon the bold decisions that will move us forward as we continue to strive for excellence and better outcomes for our children. Significant challenges to the system include: high turnover of critical frontline staff, inconsistent funding formulas that have increased inequities, annual lead agency deficits, an increase of lead agencies taking in house more than the legislatively recommended 35 percent of services, and the increasing shift of risk to the providers, which can threaten the mission of every frontline provider serving vulnerable children and families.

As a provider of children's services for 118 years, CHS has a unique perspective to offer. The child welfare direct-service provider community in Florida is strong and committed to caring for children as we collaborate to help them heal from their trauma. However, reform is needed in key areas for providers to continue to deliver successful results and improve outcomes for our children. There are a variety of threats to the continued success of community based care in Florida; however, CHS recommends possible solutions for consideration.

Financial Risk:

The legislative intent of privatization was to create community based care systems and lead agencies that would assume the full financial risk of the services to children in the child welfare system. Because the intent was for lead agencies to assume that risk, they have access to a risk pool established in Section 409.99 (7)(a), Florida Statutes and

Children's Home Society of Florida

funded annually at varying amounts. Lead agencies continue to have access to risk pool funds and, as a result, have been made whole.

A January 2020 survey of child welfare providers, however, shows the same is not true for the direct-service providers. The survey results show that, over the past two years, providers filled a $48 million gap with private fundraising dollars to offset expenses that lead agencies' contracts did not cover. However, even with that fundraising, providers were left with a $3.3 million collective loss. It's important to note that these losses occur only when the cost of services exceeds the funding allotted by the lead agency; most losses are incurred when an influx of children enters the child welfare system. Providers are committed to serving every child with high-quality care and services; however, if the number of children entering care exceeds that which is projected by the lead agency at the beginning of the contract year, then the providers are responsible for covering the costs – lead agencies are not required to continue funding the direct services necessary to appropriately care for a child if it exceeds their initial projections. As a result, providers end up millions of dollars in deficit to care for the children that the community based system of care collectively agreed to care and take responsibility for. While some lead agencies have helped providers recover these losses, there is no requirement for them to do so; as a result, the providers end up carrying the entire deficit, which can threaten their mission. Thus, when that financial burden keeps shifting to the provider community, more providers will have to exit these contracts.

POSSIBLE SOLUTIONS:

1) Provide more clarity in statute or rules that indicate provider losses are eligible for relief, or clarity that lead agencies are the financial risk-bearing entity and cannot shift that risk to the provider community.
2) Change contracts to be truly "performance-based." Currently, there is no incentive in the contract to prioritize efficiency and performance. When CHS increased efficiency and performance with CaseAIM (driving down turnover and reducing lengths of stay for children in foster care by an average of 100 days), lead agencies recouped the surplus (due in large part because DCF has interpreted that the federal funds in these contracts require a 'cost reimbursement' methodology). As a result, there is no upside in the contracts, only downside risk (as indicated in #1 above).

Legal Risk:

Providers, like CHS, spend millions each year on professional liability insurance premiums and deductibles. Lead agencies likewise must also spend millions. Since Florida privatized child welfare and the legal risk of case management shifted from the government to lead agencies and providers, our insurance costs have risen. Providers have been threatened with non-renewal of policies, and they are increasingly concerned about the costs of the professional liability coverage. With the layers of lead agencies and providers doing this work in the private sector, tens of millions of dollars are going to lawyers and insurance

Children's Home Society of Florida

companies instead of to the direct care and delivery of services to children. This problem has been exacerbated by contract language that requires providers to indemnify lead agencies and the Department of Children and Families (DCF). All of this activity is drawing precious resources away from the front line directly serving children.

POSSIBLE SOLUTIONS:

1) Extend sovereign immunity protections to providers (similar to federal protections with FQHCs).
2) Lower liability caps or change the statute to limit liability and remove the escalator clause.

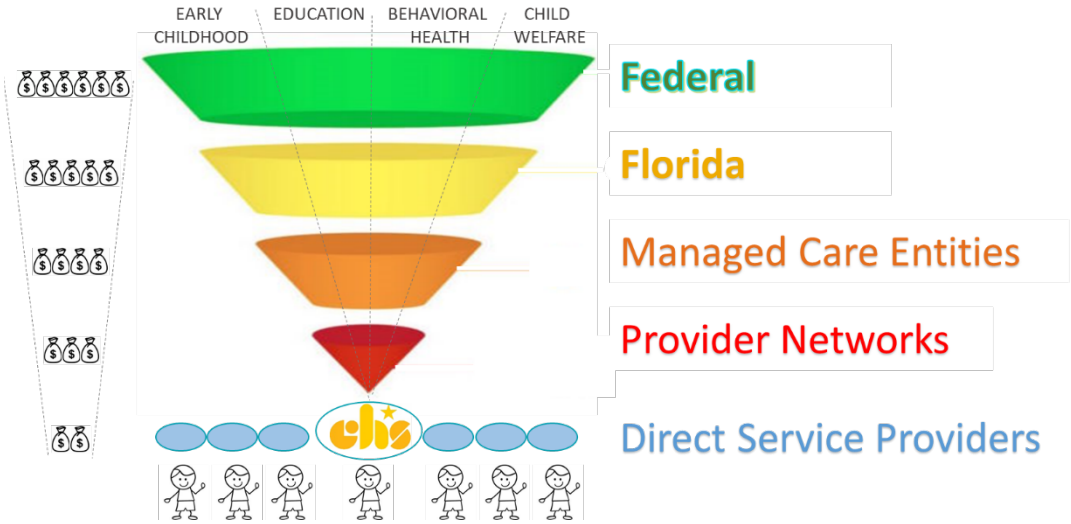
Operational Risk:

The child welfare direct-service provider front line is understaffed and overwhelmed. As schools and normal activities resume, we anticipate an increase in child abuse and neglect cases – and, thus, an increase in removals of children from their homes. With this, our front line is expected to take on more cases, more duties and more responsibilities – all in the midst of the continued pandemic. With burnout on the rise, the workforce remains in jeopardy — and the absence of a stable child welfare workforce has a direct negative impact on child outcomes. In order to achieve better outcomes for children, it is crucial that we invest in the front line of child welfare services.

Providers are routinely asked to manage to a level of funding that is inadequate to maintain caseloads below 20:1 and provide a livable wage to our front line. We applaud the leadership of the Florida Department of Children and Families (DCF) to propose dedicated funding to reduce caseloads over a 4-year period to reach a goal of 14:1. We appreciate the commitment of the Legislature to allocate additional funding during the 2020 Session to Child Welfare Core Services that provided specific intent for funds to reduce caseloads. We believe there should be significant focus on continuing to prioritize this for the long term if progress is to be made. The "Florida Funding of Child Welfare Model" (FFCWM) developed by the child welfare industry and DCF wasn't adopted during the 2020 session; however, it provides a solid framework for achieving lower caseloads and providing better wages to the front line. On that front, just like there is great variability in the "core services funding per child" by lead agency, there is even more variation in the "case management funding per child."

Additionally, as the graphic shows below, the funds intended to reach our children are severely reduced at every level. If we are going to make a difference in the lives of our children and successfully meet their complex needs, a long-term priority must be adopted to ensure funds are dedicated to the front line to achieve maximum outcomes.

Children's Home Society of Florida



POSSIBLE SOLUTIONS:

1) Implement and mandate a model that is scalable based on population and need and which allocates a percentage of core services funding per child to case management to drive down caseloads equitably and to provide a livable wage to front line case managers.
2) Closely monitor the caseloads and turnover and consider the resources (inputs) rather than make assumptions that it is a failure of the provider to manage.

Children's Home Society of Florida

Children's Home Society of Florida
Briefing Paper - 2020

School-Based Health Centers: Increase Access for Students

Issue:

School-Based Health Centers (SBHC) are currently unable to receive reimbursement for providing services to Medicaid-eligible students. Most Medicaid-eligible students are enrolled in managed care plans and assigned to a primary care doctor who is part of the plan's network. If the student is assigned to a primary care provider who is not an SBHC provider, the SBHC cannot bill and receive reimbursement for health services provided to the student. It is well documented that health challenges negatively impact a student's ability to succeed academically; SBHCs offer children in low-income communities the opportunity to receive easily accessible health care so their education will not be impacted by health issues.

GOAL:

Increase access to healthcare services (including physical and mental health services) to students on campus in a manner that does not interfere with school instructional hours and helps prevent parents from seeking emergency room care unnecessarily.

SBHCs are a powerful resource for achieving health equity among children and adolescents who unjustly experience disparities in outcomes – both health-related and educational – simply because of their race, ethnicity or family income. When students struggle with untreated health issues – from asthma to vision challenges and everything in between – they are more likely to struggle academically because they are either missing school due to health-related issues, or they are unable to focus due to untreated health concerns.

SBHCs provide a proven way to address the access barrier, as they are located on school property and staffed by qualified health care professionals able to treat medical problems and mitigate the effects of poor health on a child's academic performance. While SBHCs are proven to be effective in improving health outcomes in children and adolescents – and thus positively impact their chances for success in school – the SBHCs face significant funding strains due to Medicaid reimbursement challenges. To best serve children in low-income families, there must be new solutions to ensure these institutions are financially sound and sustainable.

Nationally, 2,584 schools offer school-based health centers across 48 states, the District of Columbia and Puerto Rico. Over 100 SBHCs are located in Florida, placing the state 6th

Children's Home Society of Florida

in the nation for the most SBHCs. Additionally, Florida educates approximately 2,817,153 students across 4,363 public schools, according to data from the 2019-2020 school year. Unfortunately, there are barriers for these SBHCs to receive Medicaid reimbursement.

As such, these SBHCs are unable to treat every child who needs medical care without incurring financial losses, which poses a threat to SBHCs' continuation. Currently, if a student seeks treatment at a SBHC and that SBHC is not identified as the student's primary care physician, the visit will not be reimbursed by Medicaid. Thus, the SBHC has two options: 1) Deny care to the student, which can lead to longer term health issues and/or a potential emergency room visit, or 2) Treat the student and suffer a financial loss. The current stipulations make it difficult for parents to seek convenient medical treatment for their children, which can have negative consequences on both their long-term health and education.

Progress was made during the 2020 Legislative Session with successful passage of legislation that updated Florida law with federal policy to allow school districts to bill and be reimbursed for health services provided to any Medicaid-eligible child. School districts can contract with providers to deliver these services. This is a great first step in increasing families' access to school-based health services. But SBHCs are left out. That's because neither school districts nor managed care plans are required to contract with them. Managed care plans typically will only reimburse for services delivered by the child's assigned primary care provider.

We recommend exceptions to "assigned providers" should be made for clinics providing medical care on a school campus. This would eliminate a major barrier to the delivery of school-based health services through SBHCs for various reasons. First, SBHCs save dollars by helping to divert Medicaid enrollees from in-patient and ER visits. Second, SBHCs improve a child's access to physical and mental health services. Third, SBHCs serve as a medical home for many children and youth with no other health care resources.

<u>Recommendation:</u>

Children's Home Society of Florida recommends that our policy makers explore opportunities to develop options that would allow SBHCs to bill Medicaid for reimbursable services regardless of the provider of record status. CHS is committed to working with existing community health stakeholders to find solutions and welcomes legislative collaboration.

Children's Home Society of Florida
Briefing Paper - 2020

Community Partnership Schools: Continue to Sustain and Expand the Proven Model

Children's Home Society of Florida

Issue:

Thousands of students attending Florida schools arrive with heavy baggage: hunger, homelessness, poverty, violence, mental health struggles, illness and more. They carry so much weight that they simply cannot focus on their education. Many of these students attend Title I schools, whereas others attend schools in very rural communities that lack access to resources found in more urban or suburban areas.

Community Partnership Schools (CPS) provide support, services and solutions to help alleviate these burdens. As students receive services and support to lift the weight they carry each day, they find the balance to focus on learning so they can realize their full potential. Community Partnership Schools also engage parents and the community to empower students and families to succeed. Community Partnership Schools are proven to:

- Increase graduation rates,
- Decrease disciplinary referrals and suspensions,
- Improve access to physical, mental health, dental and vision services,
- Improve parental engagement,
- Increase attendance, and
- Improve academic progress in reading and math.

The core of every Community Partnership School is a strong foundation:

- 4 or more core partners: School district, reputable nonprofit (like CHS), health care provider, college or university.
- Long-term commitment: Partners make a 25-year (or longer) commitment.
- Shared decision-making: Governed by a council of representatives from each partner organization, school leadership and community members to make decisions about funding, resource allocation, services and more.
- Leveraged resources: Community Partnership Schools identify and coordinate local providers that can offer academic support programs, enrichment activities and wellness services at the school. For every $1 spent to operate the Community Partnership School, partners bring an average of $3 of additional resources to the school. By blending and braiding funding from multiple sectors (health, education, human services), we create opportunities in the school and surrounding community to remove barriers to learning and success.

Each Community Partnership School focuses on four pillars:

- Expanded Learning: Academic support and enrichment take place before and after school, during weekends and in the summer to augment traditional learning during the school day.
- Wellness Supports: A range of health and social services are easily accessible.

Children's Home Society of Florida

- Family & Community Engagement: Families and the community are partners in children's education, and the school becomes a neighborhood center offering enrichment opportunities for both students and adults.
- Collaborative Leadership: A culture of shared governance and collective decision-making advances a unified vision to identify needs and provide appropriate resources and solutions in the school and community.

Background:

A partnership among Children's Home Society of Florida, the University of Central Florida and Orange County Public Schools brought the successful Community Partnership School model to Florida. Florida's first Community Partnership School – Evans Community Partnership School – officially opened at Evans High School in Orlando on October 13, 2012. Legislative support began with the first appropriation in FY 2013/14. During the 2019 Legislative Session, the Florida Legislature codified the CPS Model into law establishing Section 1003.64, F.S. – Community School Grant Program. Recurring funds were also established to fund existing schools and to expand the model to more schools throughout the state. To date, 26 schools are implementing this model.

CHS Website: https://www.chsfl.org/services/community-partnership-schools/
UCF Website: https://ccie.ucf.edu/communityschools/

Recommendation:

Children's Home Society of Florida advocates for the continued progress and funding commitment by the Florida Legislature to support existing schools and to increase the number of Community Partnership Schools operating in Florida. Throughout the COVID-19 pandemic, CPS sites have provided critical resources to assist the needs of students, parents and communities. State funds should be prioritized to continue programs that have a proven positive impact to low-income students by eliminating barriers to learning.

If you would like to discuss any of these issues in greater detail or need any additional information please contact CHS President & CEO Andry Sweet at (321) 230-4095 or Vice President of Governmental Relations Summer Pfeiffer at (850) 339-5463. Please visit our website at www.chsfl.org.